

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GUN RIGHTS AMERICA

ADDRESS (number and street)

2300 W EISENHOWER BLVD

Check if different
than previously
reported. (ACC)

LOVELAND

CO

80537-3150

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00742635

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2021

through

M M M / D D D / Y Y Y Y Y Y
12 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

GATES, BENJAMIN, , ,

Type or Print Name of Treasurer

Signature of Treasurer

GATES, BENJAMIN, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 19 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

GUN RIGHTS AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2021		109869.48
(b) Cash on Hand at Beginning of Reporting Period.....	102478.16	
(c) Total Receipts (from Line 19)	0.00	10.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102478.16	109879.48
7. Total Disbursements (from Line 31).....	70983.95	78385.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	31494.21	31494.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GUN RIGHTS AMERICA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2021

To:

M M	/	D D	/	Y Y Y Y Y Y
12	/	31	/	2021

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

10.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

10.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

10.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

0.00

10.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

10.00

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	966.16	5775.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	966.16	5775.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	20017.79	22610.01
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50000.00	50000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50000.00	50000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	70983.95	78385.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70983.95	78385.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	10.00
34. Total Contribution Refunds (from Line 28(d))	50000.00	50000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	- 50000.00	- 49990.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	966.16	5775.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	966.16	5775.26

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XN
Transaction ID :

THE FOLLOWING TRANSACTION ID # REFERS TO AN ESTIMATED IE FILED BY THE COMMITTEE THAT WAS NOT, ULTIMATELY, EXECUTED: ...4027A32.

Form/Schedule:
Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION FOR GUN RIGHTS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		26		2021

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
FUNDRAISING EMAILS

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : B485FD694C

Amount of Each Disbursement this Period

703.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAC MANAGEMENT SERVICES

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09		01		2021

Mailing Address 950 N WASHINGTON ST
STE 105City
ALEXANDRIAState
VAZip Code
22314-1534Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : B21C01301A

Amount of Each Disbursement this Period

262.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

966.16

966.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
RETURN UNUSED CONTRIBUTION

010

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11	/	03	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : B4CD1E1D5C

Amount of Each Disbursement this Period

[REDACTED] 50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

[REDACTED] 50000.00

[REDACTED] 50000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
GUN RIGHTS AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL ASSOCIATION FOR GUN RIGHTSNature of Debt (Purpose):
FUNDRAISING EMAILS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

703.66

Transaction ID : D25AB4BF4DE0C4A5A96E

Amount Incurred This Period

0.00

Payment This Period

703.66

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee 859 PRINT			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2021		
Mailing Address 1208 OLD MAIN ST			Amount 4028.10		
City LEXINGTON	State KY	Zip Code 40508-2058	Transaction ID : E12EFB4B9D9BB4B35B03		
Purpose of Expenditure PMT FOR EST FROM 7/15/2021. OH SPECIAL PRIMARY DIRECT MAIL; SEE EST TRANS ID#:....45F6A3C		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 16 / 2021		
Name of Federal Candidate: HOOD, RONALD, E, ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>15</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 8058.10			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► <u>SPECIAL PRIMARY</u>		
Full Name of Payee 859 PRINT			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2021		
Mailing Address 1208 OLD MAIN ST			Amount 4028.09		
City LEXINGTON	State KY	Zip Code 40508-2058	Transaction ID : E4812C108C364467F934		
Purpose of Expenditure PMT FOR EST FROM 7/15/2021. OH SPECIAL PRIMARY DIRECT MAIL; SEE EST TRANS ID#:....4CDA99		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 16 / 2021		
Name of Federal Candidate: CAREY, MIKE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>15</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 8556.19			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► <u>SPECIAL PRIMARY</u>		
(a) SUBTOTAL of Itemized Independent Expenditures			8056.19		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GATES, BENJAMIN, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 19 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00742635 </div>
--	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item 859 PRINT			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1208 OLD MAIN ST			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4448.94</div>	
City LEXINGTON	State KY	Zip Code 40508-2058	Transaction ID : E7AB241667FA94203B29 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure PMT FOR EST FROM 7/28/2021. DIRECT MAIL; SEE EST TRANS ID#:...4D4CA1C			<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: CAREY, MIKE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17704.07</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) SPECIAL PRIMARY	

Full Name of Payee <input type="checkbox"/> Memo Item 859 PRINT			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1208 OLD MAIN ST			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4448.94</div>	
City LEXINGTON	State KY	Zip Code 40508-2058	Transaction ID : E7C098D0B524548C1AD5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure PMT FOR EST FROM 7/28/2021. DIRECT MAIL; SEE EST TRANS ID#:...4D4CA1C			<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: CAREY, MIKE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17704.07</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) SPECIAL PRIMARY	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	8897.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GATES, BENJAMIN, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 19 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00742635 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				
City MENLO PARK	State CA	Zip Code 94025-1456	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">900.00</div>	
Purpose of Expenditure PMT FOR EST FROM 7/29/2021. DIGITAL ADVERTISING. SEE EST. TRANS. ID#...4925AE6			Transaction ID : E3A5A6EB3D8D04935910 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Name of Federal Candidate: HOOD, RONALD, E, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
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Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) SPECIAL PRIMARY
---	--

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				
City MENLO PARK	State CA	Zip Code 94025-1456	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">99.98</div>	
Purpose of Expenditure PMT FOR EST FROM 7/29/2021. DIGITAL ADVERTISING. SEE EST. TRANS. ID#...4FF79F5			Transaction ID : E8C27C210A45E4944963 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Name of Federal Candidate: CAREY, MIKE, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
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Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) SPECIAL PRIMARY
---	--

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">999.98</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GATES, BENJAMIN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00742635 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee FACEBOOK	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
Mailing Address 1 HACKER WAY		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">99.99</div> Transaction ID : ECC6AA82E41584059A34 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
City MENLO PARK	State CA	
Zip Code 94025-1456		
Purpose of Expenditure PMT FOR EST FROM 7/29/2021. DIGITAL ADVERTISING. SEE EST. TRANS. ID#...4925AE6		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>
Name of Federal Candidate: HOOD, RONALD, E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">19704.04</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 15 State: OH
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL PRIMARY		

Full Name of Payee FACEBOOK	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
Mailing Address 1 HACKER WAY		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">900.00</div> Transaction ID : ED5F99BD6580D4D588FB Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
City MENLO PARK	State CA	
Zip Code 94025-1456		
Purpose of Expenditure PMT FOR EST FROM 7/29/2021. DIGITAL ADVERTISING. SEE EST. TRANS. ID#...4FF79F5		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>
Name of Federal Candidate: CAREY, MIKE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">19704.04</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 15 State: OH
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL PRIMARY		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	999.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GATES, BENJAMIN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 23 / 2021
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount 500.00		Transaction ID : E60E8FA5B00474027A32 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City GALLOWAY	State NJ	Zip Code 08205-4126	Purpose of Expenditure ESTIMATED OH SPECIAL PRIMARY TEXTING OUTREACH		
Name of Federal Candidate: HOOD, RONALD, E, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 15 State: OH
Calendar Year-To-Date Per Election for Office Sought			9056.19		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL PRIMARY
Full Name of Payee MUDSHARE			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 16 / 2021
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount 125.00		Transaction ID : E14EAB96239E441D8A16 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 26 / 2021
City GALLOWAY	State NJ	Zip Code 08205-4126	Purpose of Expenditure PMT FOR EST FROM 7/16/2021. TEXTING OUTREACH; SEE EST TRANS ID#: 4C7DA09		
Name of Federal Candidate: HOOD, RONALD, E, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 15 State: OH
Calendar Year-To-Date Per Election for Office Sought			8806.19		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL PRIMARY
(a) SUBTOTAL of Itemized Independent Expenditures					125.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GATES, BENJAMIN, , ,			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 19 / 2022
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee MUDSHARE <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 16 / 2021		
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount 125.00		
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : EEA2F3EBAE84345F4BB1		
Purpose of Expenditure PMT FOR EST FROM 7/16/2021. TEXTING OUTREACH; SEE EST TRANS ID#: 4CC3A67		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 26 / 2021		
Name of Federal Candidate: CAREY, MIKE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		8806.19	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL PRIMARY		
Full Name of Payee MUDSHARE <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 02 / 2021		
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount 350.00		
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : E16F8DE323971476EA27		
Purpose of Expenditure PMT FOR EST FROM 8/2/2021. TEXTING OUTREACH; SEE EST TRANS ID#: 412D8B5		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 03 / 2021		
Name of Federal Candidate: CAREY, MIKE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		20517.79	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL PRIMARY		
(a) SUBTOTAL of Itemized Independent Expenditures			475.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GATES, BENJAMIN, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 19 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00742635 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">463.75</div>	
City GALLOWAY	State NJ	Zip Code 08205-4126		
Purpose of Expenditure PMT FOR EST FROM 8/2/2021. TEXTING OUTREACH; SEE EST TRANS ID#: 412D8B5		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : E53F368943D4F40F884D Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Name of Federal Candidate: CAREY, MIKE, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
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Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL PRIMARY
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Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
City	State	Zip Code		
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
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Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____
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(a) SUBTOTAL of Itemized Independent Expenditures	►	463.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures	►	20017.79

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GATES, BENJAMIN, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature